CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
J. D. DUNSHEE, M.D., Director

Weekly Bulletin

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GUY P. JONES
EDITOR

An Unusual Source of Botulism

The California State Department of Public Health was recently requested to make an investigation into cases of illness in members of an Armenian family in Fresno County.

The mother became ill about the first of January, and after the first day of the illness, was unable to rise from her bed. Three days afterward, she was unable to talk, had difficulty in swallowing and was very weak. Since she did not improve, she was removed to the hospital January 13, where she remained until January 23. While in the hospital she complained of headache, weakness and was tube fed. Most of the time her temperature was subnormal. She was returned to her home after a tentative diagnosis of paralytic stroke had been made.

The daughter became ill January 28. She suffered with weakness, headache, double vision, difficulty in speech and swallowing. The following day she was admitted to the hospital, where a diagnosis of botulism was made. She died during the afternoon of the same day. She had been entirely afebrile during the period of her illness.

It then became obvious that the mother was suffering with the same symptoms and she was readmitted to the hospital shortly after the death of the daughter. On January 30 she was still afebrile, was unable to speak clearly and had to be tube fed. Slow improvement was noted, however.

An investigation for the purpose of determining the source of the botulism revealed a home-prepared cheese product as the probable source. This cheese had been prepared by the mother of the family six or eight months previous to the illness. It was made with milk from the family cow and rennin tablets, the whole mixture being placed in a ten-gallon crock. A cloth, probably canvas, was tied over the top as a cover, and this container, canvas side down, was placed in a hole in the ground and completely buried for a period of six to eight months. About Christmas time the crock was dug up and apparently the mother of the family was the only one who ate any of the product. Four of her children said that they did not eat any of it because they do not like that kind of cheese.

When the mother returned from the hospital, the daughter, who later died, returned to the family home to care for her. The daughter ate some of the cheese a few days before the onset of her illness. A relative of the family took some of the cheese home, but so far none have been ill.

The fact is brought out, however, that the mother and daughter ate cheese from near the top of the crock, while the uncle's family received cheese taken from deep down in the crock. The cheese near the top, which was in closer contact with the earth differed in color, odor and consistency. It would seem probable that the cheese deeper in the container was not contaminated or that the contamination was patchy. There seemed to be no other article of food about the premises that the entire family did not eat.

Both the State laboratory and the Hooper Foundation for Medical Research reported that the cheese contained botulinus toxin, type "A," in considerable amount. It has been reported that the third case of the disease has been developed since this investigation by Dr. Harlin L. Wynns, Chief of the Bureau of Epidemiology.

MAY DAY AND DIPHTHERIA IMMUNIZATION

For many years May Day has been designated as Child Health Day and it has become the custom throughout the country to observe that day fittingly. The American Child Health Association, under whose auspices this observance originated, suggests that diphtheria immunization be made the objective for 1935, to immunize all children between the ages of six months and six years and to maintain this program as a continuing service. The association asks that State and local health officers, members of the medical profession and parents unite to make possible the accomplishment of this objective.

While great progress has been made in the prevention of diphtheria through immunization procedures, it is true that in many communities this procedure is carried on intermittently or incompletely. It is most important that a plan be developed and maintained for immunizing all children who have not been immunized previously, each year, without lapse in the program. It is requested particularly that health officers take steps to secure the cooperation of practicing physicians in order that as many children as possible among their private patients be immunized on or before May Day.

In some communities it is stated that immunization is not progressing as rapidly as it should progress and that it is generally not keeping pace with the birth rate. In fact, the morbidity and mortality for diphtheria in many states has been practically stationary since 1930. If immunization is offered and provided freely in all communities of California, it is believed that significant results will show in reduced morbidity and mortality from this devastating disease.

A child will learn three times as fast when he is in tune, as he will when he is dragged to his task.—Locke.

Even in the populous districts, the practice of medicine is a lonely road which winds uphill all the way, and a man may easily go astray and never reach the delectable mountains unless he early finds those shepherd guides of whom Bunyan tells, Knowledge, Experience, Watchful and Sincere.—Osler.

KERN COUNTY HEALTH DEPARTMENT REPORTS

The annual report of the Kern County health department for the year 1934 indicates that a large amount of constructive health work was accomplished in that county during the past year. Dr. Joe Smith is county health officer, Dr. M. A. Gifford is chief assistant health officer and Dr. Madge Q. Schlotthauer is assistant health officer serving the East Kern County district. This department administered all the public health activities in the county except for the cities of Bakersfield, Taft and Maricopa.

The location of the health department's offices in the Kern General Hospital, which is the only hospital in the county in which acute communicable diseases are isolated, enables the department to assume direct control over communicable diseases that may occur within the county. This location in the hospital is of value also in the establishment of reciprocal relations in reporting cases and contacts with the health officers of the three cities which are not included within the scope of the county health department's work.

The year 1934 was, in general, a year of good health in Kern County, with the exception of an epidemic of acute poliomyelitis, which occurred in almost all sections of the State. The prevalence of no other illnesses caused alarm at any time. Typhoid fever, diphtheria and scarlet fever were less prevalent than during the preceding year, and a marked decrease in both the morbidity and mortality for tuberculosis is recorded.

It is interesting to note that 4300 cases of diphtheria toxoid were administered during the year and in addition, 6000 doses of smallpox vaccine, 130 doses of typhoid vaccine and 450 doses of poliomyelitis vaccine.

The public health nurses of the department made 1237 home visits for the purpose of controlling communicable diseases. In tuberculosis control, 1431 examinations were made, 823 in adults and 608 in children. The public health nurses made 273 visits to the homes of cases and suspected cases of tuberculosis. A total of 72 infant and preschool child health conferences were held in the county, attended by 816 children. The public health nurses made 116 home visits for the purpose of carrying on child hygiene activities. The nurses also inspected 8161 school children on 1039 visits to the school.

Since the opening of the school in September, 929 physical examinations of school children were made by the assistant health officer. The dental hygienist made 5325 dental examinations and gave 270 instructive talks to classrooms or parent-teacher groups. In addition to these activities, standard procedures in sanitarian inspection, laboratory control, and other procedures were carried on throughout the year.

WASH SPRAY RESIDUE FROM FRUIT

The following announcement relative to the removal of lead arsenate residue from apples and pears has been issued by Hon. Henry A. Wallace, Secretary of the Department of Agriculture at Washington, under date of January 24, 1935:

> ''For many years the continued maintenance of the Nation's supply of apples and pears has been dependent upon the use of insecticides sufficiently effective to control the destructive ravages of insect pests which, if unchecked, would soon eliminate these practically indispensable foods with consequent impoverishment of the American dietary.
>
> In spite of continued efforts to develop a safe and at the same time effective substitute, lead arsenate is still essential to the production of these fruits. Until these efforts are successful, the employment of poisonous sprays on fruit must be followed by the adoption of precautions to guarantee reduction of the residue to the lowest possible figure. The overwhelming toxicological evidence against arsenic and lead imposes this obligation on the producer for the proper protection of the consumer.
>
> The industry has demonstrated its ability to reduce the arsenic content to the world tolerance of 0.01 grain of arsenic trioxide per pound of fruit and this tolerance will continue in effect. The fluorine tolerance will remain at 0.01 grain per pound of fruit. The reduction of unavoidable lead residue, to a point involving complete elimination of the most remote health hazard, continues to offer serious difficulties in spite of the utmost effort. The results of commercial cleaning operations on fruit before shipment during the 1934 season have demonstrated, however, that in general the 1934 tolerance of 0.019 grain of lead per pound has been successfully met without material damage to the fruit, and expectation of continued progress downward is fully justified. To grant the requests emanating from some quarters in the industry for a relaxation in the lead restriction would be wholly incompatible with public safety. The Department will therefore institute action under the Food and Drugs Act on apples and pears of the 1935 season's crop containing lead in excess of 0.018 grain per pound of fruit.
>
> Current public apprehension about the safety of the fruit supply from the standpoint of spray residue is very properly based on the unquestioned danger of poisons such as lead and arsenic. Consumers are entitled to know, however, that the restrictions imposed for many years against the shipment of fruit subjected to poisonous sprays have been so effective that unquestionably today most of the fruit offered the public is entirely safe. The effects of lead and arsenic in the amounts which might be present on sprayed fruit are chronic rather than acute in character. The relatively few instances in which fruit entering interstate traffic containing excessive residue escapes seizure under the Food and Drugs Act would not be sufficient of themselves to rank as significant health hazards. While Federal control does not extend to local traffic within the borders of a State, some States are supplementing Federal measures and are effecting comparable protection of their own citizens.
>
> Many consumers desiring to make assurance of safety doubly sure have sought advice as to measures that may be taken in the home to cleanse fruit such as apples and pears. Commercial cleaning methods generally involve the use of dilute acid or alkali solutions to loosen or dissolve the residue followed by rinsing in water. Such vigorous measures are unnecessary in the kitchen where attention can be given to each individual fruit. The usual sanitary practice in the home of scrubbing with water is desirable under any circumstances. Peeling the fruit or perhaps better, removal of stem and blossom ends where the residue is most difficult to reach is an added measure of safety which may be recommended.''

NEGRO DEATHS IN CALIFORNIA

The death rates for Negroes in California is higher than that for members of the white race as is true in most of the States. Out of a total 67,992 deaths in California in 1933, 59,803 were white and 1367 were Negro. This provided a general death rate of 1110.9 per 100,000 for the white race as compared with a general death rate of 1610.7 for Negro.

Out of a total of 4619 tuberculosis deaths in California in 1933, 3072 were in members of the white race and 186 were in Negroes. This provided a tuberculosis death rate of 57.1 for members of the white race in California as compared with the outstanding tuberculosis death rate of 219.2 per 100,000 for Negroes in Calfiornia.

NEW HEALTH OFFICERS APPOINTED

The following local health officers were appointed to office in California during the month of February:

Dr. O. J. Hansen of Redding was appointed health officer of Shasta County to succeed Dr. B. F. Saylor.

Dr. Oran Newton was appointed city health officer of Taft to succeed Dr. P. F. Page.

Dr. W. T. Hoffman was appointed city health officer of Calexico to succeed Dr. Fred C. Gregg.

Dr. J. A. Wallace was appointed city health officer of Calipatria to succeed Dr. J. H. Hutton.

Cultivated mind is the guardian genius of democracy * * *. It is the only dictator that freemen acknowledge and the only security that freemen desire.—Mirabeau B. Lamar.

MORBIDITY

Complete Reports for Following Diseases for Week Ending February 23, 1935

Chickenpox

749 cases: Alameda County 7, Alameda 4, Berkeley 18, Oakland 54, Butte County 1, Contra Costa County 1, Richmond 5, Placer County 2, Fresno County 7, Coalinga 1, Fresno 9, Reedley 1, Eureka 6, Fortuna 1, Calexico 9, Kern County 12, Bakersfield 1, Los Angeles County 36, Alhambra 1, Claremont 1, Compton 6, El Segundo 15, Glendale 2, Huntington Park 2, Long Beach 12, Los Angeles 69, Manhattan 11, Pasadena 3, Pomona 12, Santa Monica 2, Torrance 1, Lynwood 6, Hawthorne 3, Monterey Park 1, Bell 1, Madera County 19, Ukiah 2, Merced County 9, Monterey 2, Orange County 10, Anaheim 1, Brea 2, Santa Ana 2, Tustin 1, Riverside County 5, Corona 2, Riverside 50, Sacramento County 21, Sacramento 34, Redlands 2, San Diego County 8, Chula Vista 2, National City 5, San Diego 70, San Francisco 99, San Joaquin County 5, Stockton 3, San Luis Obispo County 4, Burlingame 1, South San Francisco 1, Santa Barbara County 14, Santa Maria 6, Santa Clara County 5, Palo Alto 8, San Jose 12, Willow Glen 2, Santa Cruz 1, Vallejo 1, Tulare County 3, Dinuba 3, Ventura County 5, Fillmore 2, Santa Paula 2, Davis 1, Winters 1.

Diphtheria

51 cases: Oakland 3, Colusa 1, Los Angeles County 4, Huntington Park 1, Los Angeles 11, Pasadena 1, Mendocino County 1, Napa County 1, Orange County 1, Riverside 4, Sacramento 12, San Diego County 1, Oceanside 1, San Diego 4, Stockton 1, Sonoma County 1, Tulare County 2, Tulare 1.

German Measles

114 cases: Berkeley 4, Butte County 1, Colusa County 1, Placerville 1, Fresno County 4, Los Angeles County 10, Alhambra 1, El Segundo 2, Long Beach 2, Los Angeles 14, Pasadena 1, San Gabriel 1, Santa Monica 2, Whittier 6, Lynwood 1, Monterey Park 2, Madera County 1, Fairfax 3, Salinas 1, Orange County 1, Brea 1, Riverside County 3, Riverside 7, San Diego 2, San Francisco 12, San Joaquin County 1, Lodi 2, Stockton 2, San Luis Obispo County 1, Santa Barbara County 2, Lompoc 1, Santa Maria 1, Santa Clara County 2, San Jose 11, Willow Glen 1, Shasta County 1, Ventura County 5.

Influenza

162 cases: Berkeley 9, Oakland 3, Richmond 1, Fresno County 1, Lake County 2, Los Angeles County 17, Avalon 1, Beverly Hills 1, Claremont 2, Glendale 2, Huntington Park 5, Long Beach 3, Los Angeles 68, Montebello 1, Pomona 5, Santa Monica 3, Whittier 4, South Gate 1, Monterey Park 1, Maywood 1, San Rafael 1, Orange 2, Santa Ana 1, Corona 3, Riverside 1, Sacramento 1, San Bernardino County 4, Ontario 1, San Diego County 1, San Francisco 6, San Luis Obispo County 2, San Mateo County 1, Burlingame 2, South San Francisco 1, Tehama County 4.

Measles

718 cases: Berkeley 73, Oakland 6, Amador County 1, Butte County 1, Angels Camp 2, Contra Costa County 1, Fresno County 21, Fowler 1, Fresno 16, Eureka 6, Kern County 42, Hanford 10, Los Angeles County 17, Alhambra 1, Arcadia 1, Huntington Park 2, Long Beach 2, Los Angeles 16, Monrovia 1, Montebello 1, San Marino 1, Santa Monica 1, Lynwood 1, Maywood 1, Merced County 25, Merced 44, Orange County 22, Anaheim 62, Fullerton 2, Newport Beach 1, Orange 14, Santa Ana 18, La Habra 1, Riverside County 4, Riverside 3, Sacramento County 1, Sacramento 13, San Benito County 8, Hollister 2, San Juan Bautista 3, San Diego County 2, San Diego 1, San Francisco 10, San Joaquin County 51, Stockton 101, San Luis Obispo County 8, Burlingame 1, Santa Barbara County 4, Santa Maria 12, Santa Clara County 3, San Jose 12, Santa Cruz 1, Siskiyou County 5, Stanislaus County 3, Modesto 8, Oakdale 7, Turlock 1, Tehama County 1, Red Bluff 1, Tulare County 10, Dinuba 23, Tuolumne County 1 Ventura County 3, Davis 1.

Mumps

356 cases: Alameda County 10, Oakland 24, Contra Costa County 2, Fresno County 2, Fresno 7, Kern County 17, Los Angeles County 1, Alhambra 1, Burbank 11, Long Beach 2, Los Angeles 10, Pasadena 1, Pomona 1, San Fernando 1, San Rafael 3, Fairfax 1, Ukiah 117, Merced County 1, Pacific Grove 1, Anaheim 1, Placentia 6, Sacramento County 5, Sacramento 4, National City 1, San Diego 4, San Francisco 12, San Joaquin County 4, Lodi 9, Stockton 15, Tracy 2, San Luis Obispo County 1, Arroyo Grande 7, San Luis Obispo 9, Santa Barbara County 6, Lompoc 1, Santa Maria 19, Santa Cruz 3, Modesto 2, Riverbank 16, Tulare County 1, Lindsay 7, Tuolumne County 6, Sonora 1, Oxnard 1.

Pneumonia (Lobar)

70 cases: Oakland 4, Bakersfield 1, Los Angeles County 7, Burbank 1, Covina 1, Glendale 1, Huntington Park 1, Los Angeles 22, Monrovia 1, Pasadena 1, Pomona 1, Maywood 1, Riverside County 1, Sacramento 1, San Diego County 3, Escondido 1, San Diego 2, San Francisco 15, San Luis Obispo County 1, Daly City 1, Santa Barbara County 1, Santa Clara County 1, San Jose 1.

Scarlet Fever

257 cases: Alameda County 1, Alameda 6, Berkeley 2, Oakland 7, Amador County 1, Butte County 2, Colusa County 1, Contra Costa County 2, Placerville 1, Fresno County 1, Fresno 3, Fortuna 2, Holtville 2, Kern County 3, Bakersfield 1, Lake County 1, Los Angeles County 14, Alhambra 3, Azusa 1, Beverly Hills 1, Burbank 1, Glendale 4, Huntington Park 1, Inglewood 1, Long Beach 1, Los Angeles 50, Pasadena 4, Pomona 1, Redondo 1, San Marino 2, Santa Monica 4, Torrance 5, Lynwood 3, Monterey Park 1, Maywood 1, Bell 1, Gardena 2, Merced County 2, St. Helena 1, Orange County 4, Anaheim 1, Newport Beach 1, Orange 1, Santa Ana 3, Riverside County 2, Sacramento County 8, Sacramento 8, San Diego County 7, National City 2, San Diego 16, San Francisco 20, San Joaquin County 1, Stockton 6, Daly City 2, Redwood City 2, San Bruno 1, South San Francisco 1, Lompoc 1, Santa Barbara 1, Santa Clara County 1, Mountain View 1, San Jose 2, Willow Glen 2, Shasta County 5, Redding 1, Solano County 1, Vacaville 1, Sonoma County 1, Petaluma 1, Santa Rosa 1, Tulare County 1, Porterville 1, Tulare 4, Ventura County 4, Yuba County 1.

Smallpox

8 cases: Los Angeles 7, Sacramento County 1.

Typhoid Fever

5 cases: Butte County 1, Clovis 1, Sacramento County 1, San Joaquin County 1, California 1.*

Whooping Cough

103 cases: Alameda County 2, Alameda 1, Berkeley 3, Hayward 1, Oakland 5, Contra Costa County 2, Fresno County 1, Selma 2, Los Angeles County 4, Alhambra 1, Glendale 4, Los Angeles 8, Monrovia 1, San Rafael 3, Fairfax 2, Orange County 2, Santa Ana 5, Tustin 4, San Diego 6, San Francisco 10, San Luis Obispo County 3, San Luis Obispo 5, Santa Barbara 3, Santa Maria 4, Santa Clara County 4, Palo Alto 12, San Jose 2, Willow Glen 3.

Meningitis (Epidemic)

5 cases: Berkeley 1. San Bernardino County 1, San Francisco 1, Stockton 1, Yuba County 1.

Dysentery (Amoebic)

One case: Los Angeles.

Dysentery (Bacillary)

5 cases: Los Angeles.

Ophthalmia Neonatorum

One case: Nevada City.

Pellagra

One case: Los Angeles.

Poliomyelitis

10 cases: Kern County 2, Los Angeles 5, Merced County 1, Healdsburg 1, Modesto 1.

Tetanus

One case: Belmont.

Trachoma

2 cases: Los Angeles County 1, California 1.*

Trichinosis

One case: San Mateo.

Undulant Fever

3 cases: Whittier 1, Riverside County 1, San Diego 1.

Coccidioidal Granuloma

6 cases: Kern County 4, Los Angeles 2.

Septic Sore Throat (Epidemic)

One case: Berkeley.

Rabies (Animal)

13 cases: Berkeley 1, Brawley 1, Calexico 1, Huntington Park 2, Los Angeles 4, San Diego 1, San Joaquin County 1, Stockton 1, Santa Clara County 1.

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* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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